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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/171,582 06/13/2002 PAT 6,721,178
 which is a CON of 09/397,817 09/17/1999 PAT 6,493,220
 which claims benefit of 60/100,976 09/18/1998

**** FOREIGN APPLICATIONS ******* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>U.S.</i> Examiner's Signature Initials	STATE OR COUNTRY GA	SHEETS DRAWING 21	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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TITLE
 Mobile clinical workstation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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